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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referral Document Survey: Efficiency *(boxes will expand as you type)* | | | | | | | | | | |
| Specialty to be studied, if any: | | |  | | | | | | | |
| Letter | **Date of decision to refer** | **Reason for Referral** | | **Would earlier or later referral have been more appropriate? Why?** | **Date referral left practice** | **Date patient seen by secondary care** | **Date report received by practice** | **Date report seen by referring doctor** | **Date patient told outcome of referral / referral result actioned** | **Comment on acceptability of timings; and consider any changes that you need to make** |
| 1 |  |  | |  |  |  |  |  |  |  |
| 2 |  |  | |  |  |  |  |  |  |  |
| 3 |  |  | |  |  |  |  |  |  |  |
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| 9 |  |  | |  |  |  |  |  |  |  |
| 10 |  |  | |  |  |  |  |  |  |  |
| Learning points: | |  | | | | | | | | |
| Proposed changes: | |  | | | | | | | | |
| Signed: | |  | | | | | | | | |
| Dated: | |  | | | | | | | | |